



Special Purpose – Supervised Practice Agreement – Form D333

Use for special purpose applicants or registrants on the PSDW Scheme on commencement of practice, and at any time there is a change in the principal and/or an additional supervisor.

- Dentists with special purpose registration must practise the profession in accordance with **Board Policy #19**. The Board may ask the supervisor(s) nominated in the Agreement, to give information to the Board of the registrant's practise of the profession.
- The purpose of supervised practice is to ensure that:
 - (a) the registrant's performance is evaluated and monitored;
 - (b) the registrant demonstrates that she or he can practise safely; and
 - (c) the registrant develops skills that enable them to operate within the Australian health system.
- The nominated supervisor(s) must have a minimum of four (4) years experience as a general registrant in Queensland or another state of Australia and **must** hold a position in Queensland Health senior to the special purpose registrant.
- The nominated supervisor(s) **must have** current general registration.
- The nominated supervisor(s) will have primary responsibility for the applicant's supervision while the applicant follows the accompanying supervised practice plan.
- Persons giving information to the Board honestly and on reasonable grounds cannot be held liable, civilly, criminally or under an administrative process for giving the information.

1 Details of applicant

Family name

First name

Registration No. (if registered) Date of birth

Position

Phone number

Location of practice

Period of employment

2 Details of principal supervisor:

Family name

First name

Registration No. Date of birth

Position

Location

Phone number

Names of other special purpose registrants currently supervised

2 Details of additional supervisor(s) (if applicable):

Additional Supervisor 1: Family name

First name

Registration No.

Date of birth

Position

Location

Phone number

Names of other special purpose registrants currently supervised

Additional Supervisor 2: Family name

First name

Registration No.

Date of birth

Position

Location

Phone number

Names of other special purpose registrants currently supervised

4 Please read this before certifying

Section 231A of the *Dental Practitioners Registration Act 2001* provides protection for persons involved in supervising special purpose registrants. Section 231A(1) applies to a person who, honestly and on reasonable grounds, gives information to the board—

- (a) about a person registered as a special purpose registrant on condition the registrant carry out the registrant's practice under supervision; or
- (b) in response to a request made by the board under s. 129A(2) (Condition of practice under supervision).

Section 231A(2) provides that the person is not liable, civilly, criminally or under an administrative process, for giving the information.

Supervisor certification

I agree to supervise the applicant named in this form.

I agree to provide the Board any adverse reports as they are identified and to provide an assessment report/s as specified by the Dental Board of Queensland's Policy No. 19, at the end of the applicant's approved period of registration, or on notification of a change in supervisor – Form **XXX**.

I intend to undertake the supervision in the manner set out in the Policy.

Principal supervisor— signature

Date

Additional supervisor 1 — signature

Date

Additional supervisor 2 — signature

Date

5 Applicant certification

Applicant's signature

Date

6 Submission to Board

Send the completed application and attachments by one of the following methods:

Mail to:

**Dental Board of Queensland
GPO Box 2438,
BRISBANE QLD 4001**

Fax to:

(07) 3225 2527

Email to:

dental@healthregboards.qld.gov.au